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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 038000002		CITY	OR TOWN	ESSEX	
APPLICATION	FOR RENEWAL:	Annual	l	LICENS	SED FOR 20	13
		CLASS	S		,	YEAR
LICENSEE NAM	ME: THE RED BARREL,	INC.				
DOING BUSINE	ESS A					
ADDRESS 171 E	EASTERN AVE					
CITY/TOWN:	ESSEX	STATE:	MA ZII	P CODE:	01929	
MANAGER: W	VOOD, JOYCE I TYPE	OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER Y	OUR EMAIL ADDR	ESS		
DESCRIPTION (OF LICENSED PREMISE	S:				
	O CELLAR, TWO LARGE CES/ EXITS ON FRONT (
I hereby certify a	nd swear under penalties of	f perjury that:				
1. the rea	newed license will be of the	e same type fo	or the same pr	remises now	licensed;	
	ensee has complied with al			_	taxes; and	
3. the pro	emises are now open for bu	siness (If not	explain below	w)		
SIGNED BY			G	~		
	Individual, Partner or	Authorized	Corporate Off	icer		
DATE:	TELEPHONE :	NUMBER:	()		IDENTIFICATI	
			(1)	Note. NOT man	ividual Social Se	ecurity Number)
Acts of 2004, sig	gned, attest that we are in gned by the building inspe nd (2) the certificate of lic	ector and the	head of the	fire departn	nent for the	above
Please Check Below:			LOC	AL LICENS	ING AUTHO	RITY
APPROVED:			By:			
DISAPPROVED						
(If disapproved ex	xplain)					
DATE:						



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LICENSE NUMBER	: 038000004		CITY OR TOWN	ESSEA
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	CAPE ANN GOLF C	OURSE CORP.		
DOING BUSINESS	A FAIRWAY PUB			
ADDRESS 99 JOHN	WISE AVE			
CITY/TOWN: ESSI	EX	STATE: MA	ZIP CODE:	01929
MANAGER: STRA N.	VROS,JAMES TYPE	OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISE	S:		
BUILDING IS ATTA FLR OF HOUSE CO	AURANT AND LOUN ACHED TO EXISTING NSISTS OF RESTAU CHEN HAS ENT/EXIT	G HOUSE WITH I RANT KITCHEN,	IVING QUARTER	S ON 2ND FLR. 1SR
I hereby certify and sy	wear under penalties of	f perjury that:		
1. the renewe	ed license will be of the	e same type for the	same premises now	licensed;
2. the license	e has complied with al	l laws of the Comn	nonwealth relating to	taxes; and
3. the premis	es are now open for bu	siness (If not expla	in below)	
SIGNED BY	Individual, Partner or	· Authorized Corpo	rate Officer	
D 4 TFF				
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER:
			(Note. <u>NO1</u> IIId	ividual Social Security Number)
Acts of 2004, signed	by the building inspe	ector and the head	of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J3800000b		CITY OR TOW	N ESSEA	
APPLICATION FOR I	RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	VILLAGE RESTAU	JRANT OF ESSEX	I, INC.		
DOING BUSINESS A	THE VILLAGE R	ESTAURANT			
ADDRESS 55 MAIN S	ST				
CITY/TOWN: ESSEX	X	STATE: MA	ZIP CODE:	01929	
MANAGER: RICCI,	KEVIN TYPI	E OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI					
ONE FLOOR, FIVE R			E SOLARIUM, A	ND A GARDE	N PATIO
I hereby certify and swe	-				
	license will be of the	• 1	•		
	has complied with a			g to taxes; and	
3. the premises	s are now open for b	ousiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT	
			(Note. <u>NOT</u>	Individual Social S	security Number)
We the undersigned, Acts of 2004, signed by					
named license and (2) of 2010.					
01 2010.					
Please Check Below: APPROVED:				NSING AUTH	ORITY
DISAPPROVED:]		By:		
(If disapproved explain)				
	•				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	2K: 038000007		CITY	OR IOWN ESSEA	
APPLICATION FO	OR RENEWAL:	Annual		LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME	E: TOWNE LAND	ING INC			
DOING BUSINES	S A PERIWINKLE	S			
ADDRESS 74 MA	IN ST				
CITY/TOWN: ES	SSEX	STATE: MA	ZII	P CODE: 01929	
	JERTNER, T JOMAS L.	YPE OF LICENSE: Re	staurant	CATEGORY	: All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUF	R WEBSITE AND ENTER YOUR E	MAIL ADDE	RESS	<u></u>
DESCRIPTION OF	F LICENSED PREN	MISES:			
FIRST FLOOR DI	NING ROOM AND	LOUNGE AREA WIT	TH OUT	DOOR DECK	
I hereby certify and	d swear under penalt	ies of perjury that:			
1. the rene	wed license will be	of the same type for the	same pi	remises now licensed;	
2. the licer	isee has complied w	ith all laws of the Com	nonweal	Ith relating to taxes; and	I
3. the pren	nises are now open f	for business (If not expl	ain belo	w)	
CICNED DV					
SIGNED BY	Individual, Partr	ner or Authorized Corpo	orate Of	ficer	
DATE:	TEI EDU	ONE NUMBER:		EMPLOYER IDENTIFICA	ATION NUMBER
	TELEFIC	ONE NUMBER.	(1)	Note: NOT Individual Social	
Acts of 2004, sign	ed by the building	inspector and the hea	d of the	cate required by Chap fire department for th equired by Chapter 11	e above
Please Check Below:			LOC	AL LICENSING AUTI	HORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved exp	olain)				
DATE:					
Dill.					



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LICENSE NUMBE	R: 038000008		CITY C	OR TOWN	ESSEX	
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 99 MAI		E PALACE, INC				
CITY/TOWN: ES	SEX	STATE: N	MA ZIP	CODE:	01929	
MANAGER: LIA	W, FANG TY	PE OF LICENSE	:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL ADDRI	ESS		
	LICENSED PREMI					
	RAME BLDG. 46X7 E BAR, WAITING A				ROOM 15'10'	" X 36'9",
I hereby certify and	swear under penaltie	s of perjury that:				
1. the renev	wed license will be of	the same type for	r the same pro	emises now	licensed;	
2. the licen	see has complied with	n all laws of the C	Commonwealt	h relating t	o taxes; and	
3. the prem	ises are now open for	business (If not	explain below	v)		
SIGNED BY	Individual, Partne	r or Authorized C	Corporate Offi	cer		
D.A.TE						
DATE:	TELEPHON	IE NUMBER:	(N			ΠΟΝ NUMBER: Security Number)
Acts of 2004, signe	ed, attest that we are ed by the building in (2) the certificate of	spector and the	head of the f	ire depart	ment for the	above
Please Check Below:			LOCA	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expl	Lain)					
(11 disappioved expl	iaiii <i>)</i>					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED BY I	LICENSEES DURING T	THE MONTH OF N	OVEMBER (N	I.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUM	IBER: 038000010		CITY OR TOWN ESSEX	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NA	ME: WOODMAN'S	INCORPORATED		
DOING BUSIN	ESS A LOBSTER PO	OOL		
ADDRESS 119	MAIN ST			
CITY/TOWN:	ESSEX	STATE: MA	ZIP CODE: 01929	
	WOODMAN, T STEPHEN B.	ΓΥΡΕ OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRI	ESS:			
		R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	-
	OF LICENSED PREI			
	BLDG. FIRST FLOOR DR; TWO DINING RO		MS, KITCHEN AND STORA	AGE.
I hereby certify	and swear under penal	ties of perjury that:		
1. the re	enewed license will be	of the same type for the	same premises now licensed;	
2. the li	censee has complied w	with all laws of the Comn	nonwealth relating to taxes; a	nd
3. the p	remises are now open	for business (If not expla	in below)	
SIGNED BY				
	Individual, Part	ner or Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIE	
			(Note: <u>NOT</u> Individual Soc	ial Security Number)
Acts of 2004, si	igned by the building	inspector and the head	e certificate required by Ch l of the fire department for rance required by Chapter	the above
Please Check Below	<u>v:</u>		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVEI (If disapproved				
(11 disappioved)	Capiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 038000011		CITY OR TOWN	ESSEX
APPLICATION FOR	R RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	GREENBOW CO	RPORATION		
DOING BUSINESS	A SHEA'S RIVER	SIDE RESTAURAN	Γ & BAR	
ADDRESS 122 MA	IN ST			
CITY/TOWN: ESS	EX	STATE: MA	ZIP CODE:	01929
MANAGER: BRO	WN,DAVID R. TY	PE OF LICENSE: Re	estaurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
'	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	ISES:		
1ST FLOOR, TWO 1 15X 18'16 SEATS		& KITCHENUPPE	R DINING ROOM	APPROXIMATELY
I hereby certify and s	swear under penaltie	es of perjury that:		
		f the same type for the	=	
		h all laws of the Com	· ·	to taxes; and
3. the premi	ses are now open for	r business (If not exp	lain below)	
CICNED DV				
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer	
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer	
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer	
SIGNED BY DATE:				R IDENTIFICATION NUMBER:
		er or Authorized Corp	EMPLOYE	R IDENTIFICATION NUMBER:
DATE: We the undersigned Acts of 2004, signed	TELEPHON d, attest that we ar d by the building in	NE NUMBER: re in possession (1) th nspector and the hea	EMPLOYE (Note: <u>NOT</u> Ir ne certificate required of the fire depar	ndividual Social Security Number) red by Chapter 304 of the
DATE: We the undersigned Acts of 2004, signed named license and	TELEPHON d, attest that we ar d by the building in	NE NUMBER: re in possession (1) th nspector and the hea	EMPLOYE (Note: <u>NOT</u> Ir ne certificate required dof the fire departurence required by	red by Chapter 304 of the tment for the above
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED:	TELEPHON d, attest that we ar d by the building in	NE NUMBER: re in possession (1) th nspector and the hea	EMPLOYE (Note: <u>NOT</u> Ir ne certificate required dof the fire departurence required by	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHON d, attest that we ard d by the building in (2) the certificate o	NE NUMBER: re in possession (1) th nspector and the hea	EMPLOYE (Note: <u>NOT</u> In the certificate required d of the fire departurance required by LOCAL LICEN	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED:	TELEPHON d, attest that we ard d by the building in (2) the certificate o	NE NUMBER: re in possession (1) th nspector and the hea	EMPLOYE (Note: <u>NOT</u> In the certificate required d of the fire departurance required by LOCAL LICEN	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHON d, attest that we ard d by the building in (2) the certificate o	NE NUMBER: re in possession (1) th nspector and the hea	EMPLOYE (Note: <u>NOT</u> In the certificate required d of the fire departurance required by LOCAL LICEN	red by Chapter 304 of the tment for the above Chapter 116 of the Acts



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 038000015		CITY OR TOWN	ESSEX	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013	3
		CLASS		Y	EAR
LICENSEE NAM	ME: CHANTY,IN	NC.			
DOING BUSINI	ESS A RICHDAL	Е			
ADDRESS 156	MAIN STREET				
CITY/TOWN:	ESSEX	STATE: MA	ZIP CODE:	01929	
	PANAGOPLOS, PETER A.	TYPE OF LICENSE: Pa	ckage Store Ca		Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PI	REMISES:			
50'X 46' BLDG. STOREROOM		RANCE/ TWO EXITS. RI	ETAIL SPACE ON C	ONE FLOOR. 4	5 X 10'
3. the pr		en for business (If not exp			
	·	·			
DATE:	TELEI	PHONE NUMBER:		R IDENTIFICATIO lividual Social Secu	
Please Check Below APPROVED:	<u>:</u>		LOCAL LICENS	SING AUTHOR	RITY
DISAPPROVED.	 D:		By:		
(If disapproved e					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038000016	CITY O	OR TOWN ES	SEX
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: CPM INVESTMENT GRO	OUP,INC.		
DOING BUSINESS A ESEX WINE & SPIRITS	S		
ADDRESS 91 MAIN ST			
CITY/TOWN: ESSEX ST	ATE: MA ZIP	CODE: 01	929
MANAGER: MARANO, VINCEN TYPE OF I	LICENSE: Package Sto	re CATE	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMAIL ADDRE	SS	
DESCRIPTION OF LICENSED PREMISES:			
ONE STORY BLDG CONTAINING TWO ROO AND REAR ROOM IS FOR STORAGE	OMS. FRONT ROOM	IS RETAIL LI	QUOR STORE
the licensee has complied with all law the premises are now open for busines SIGNED BY		•	es; and
Individual, Partner or Aut	norized Corporate Offi	cer	
DATE: TELEPHONE NUM			NTIFICATION NUMBER: al Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCA By:	AL LICENSING	AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 038000017		CITY OR TOWN	ESSEX	
APPLICATION FOI	Annual	LICENSED FOR 2013			
		CLASS			YEAR
LICENSEE NAME:	CHEBACCO LIQU	OR MART INC			
DOING BUSINESS	A				
ADDRESS 201 WE	STERN AVE				
CITY/TOWN: ESS	EX	STATE: MA	ZIP CODE:	01929	
MANAGER: CHIS	SHOLM, JOHN TYP	E OF LICENSE:P	ackage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMIS				
	DD FRAME BLDG US LIVING QUARTERS				
	TO FIRST FLOOR.			2. COTTE	
I hereby certify and s	swear under penalties	of perjury that:			
	red license will be of t	* *	-		
	ee has complied with		=	to taxes; and	
3. the premi	ses are now open for l	ousiness (If not exp	plain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	norate Officer		
	mar radar, rarmer	or ramorized cor	porate officer		
DATE:	TELEPHONI	E NIIIMDED.	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEFHONI	2 NUMBER.			Security Number)
Please Check Below: APPROVED:			LOCAL LICEN	SING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expla	ain)				
-					
DATE:					



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LICENSE NUMBER	: 038000018		CITY OR TO	JWN ESSEY	
APPLICATION FOR	R RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	WOODMAN'S, IN	C.			
DOING BUSINESS	A WOODMAN'S FU	JNCTION HALL &	& LOBSTER T	RAP PUB	
ADDRESS 125 MAI	N ST.				
CITY/TOWN: ESS	EX	STATE: MA	ZIP COI	DE: 01929	
MANAGER: Wood B	dman, Stephen TYP	E OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
L	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	ES:			
2 FLOORS, FOYER LOUNGE, DRESSIN LAWN IMMEDIAT MEASURING 220X	IG ROOM, OFFICE. ELY FRONTING FU	FRONT LAWN A	ND DRIVEWA	AY WHICH ENCI	RCLES
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of t	he same type for the	e same premise	s now licensed;	
2. the license	ee has complied with	all laws of the Com	monwealth rela	ating to taxes; and	
3. the premis	ses are now open for	business (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
D A TELE					
DATE:	TELEPHON	E NUMBER:		LOYER IDENTIFICA' OT Individual Social S	
			(140tc. <u>14</u>	OI marviduai sociai i	Security Number)
Acts of 2004, signed	I, attest that we are I by the building ins (2) the certificate of	pector and the hea	d of the fire d	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: Land (If disapproved explain)	in)				
(11 disappioved expir	<i>)</i>				
DATE:			-		



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LICENSE NUME	3ER: 038000022		CITY OR TOWN	V ESSEA	
APPLICATION I	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	IE: EBEN CREE	K CORPORATION			
DOING BUSINE	SS A J.T. FARNI	HAM'S			
ADDRESS 88 EA	ASTERN AVE				
CITY/TOWN: E	ESSEX	STATE: MA	ZIP CODE:	01929	
MANAGER: C	ELLUCCI, OSEPH K.	TYPE OF LICENSE: Res	taurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION (OF LICENSED PR	REMISES:			
AREA. DINING	AREA HAS 2 EN	OG. DINING AREA WITH ITRANCES AND EXITS OF 4 DOORS. 2 FOR DELIVE	ON STREET SIDE	E AND ONE E	XIT TO
I hereby certify an	nd swear under per	nalties of perjury that:			
1. the ren	newed license will	be of the same type for the	same premises no	w licensed;	
2. the lice	ensee has complied	d with all laws of the Comm	nonwealth relating	to taxes; and	
3. the pre	emises are now ope	en for business (If not expla	in below)		
SIGNED BY	Individual, P	artner or Authorized Corpo	rate Officer		
D 4 500					
DATE:	TELEP	PHONE NUMBER:		ER IDENTIFICAT	
			(Note: <u>NO1</u>]	ndividual Social S	security Number)
Acts of 2004, sig	ned by the buildi	ve are in possession (1) the ng inspector and the head ate of liquor liability insur	of the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex			LOCAL LICEN By:	NSING AUTH	ORITY
ir	. /				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038000024		CITY OR TOWN	ESSEX
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: BLUE MARLIN GR	ILLE, INC.		
DOING BUSINESS A BLUE MARLIN G	RILLE		
ADDRESS 63 EASTERN AVENUE			
CITY/TOWN: ESSEX	STATE: MA	ZIP CODE:	01929
MANAGER: MATTHEWS, TYPE ALLEN W.	E OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
6 ENTRANCES AND EXITS TO THE BUAREA. EACH DINING AREA SEATS 30) A MAIN BAR
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of th		=	
2. the licensee has complied with a		•	taxes; and
3. the premises are now open for b	usiness (If not expla	in below)	
SIGNED BY Individual, Partner o	r Authorized Corpo	rate Officer	
marviduai, rarinor o	r rumorized corpo	ruic Officer	
DATE: TELEPHONE	MIMRED.	EMPLOYER	IDENTIFICATION NUMBER:
TELLITIONE	NOMBER.	(Note: <u>NOT</u> Individual Social Security	
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head	of the fire departn	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	



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LICENSE NUMBER	: 038000025		CITY OR TO	IWN ESSEA	
APPLICATION FOR	RENEWAL:	Annual	Ll	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	WINDWARD (GRILL LLC			
DOING BUSINESS	A WINDWARD	GRILLE			
ADDRESS 109 EAS	ΓERN AVE.				
CITY/TOWN: ESSI	EX	STATE: MA	ZIP COD	E: 01929	
MANAGER: KENN TIMO		TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	ICENSED PRE	MISES:			
	EA (16 SEATS).	REA, KITCHEN, 3 RE 2ND FL; OFFICE; RI			
3. the premis		for business (If not exp			
DATE:	TELEPH	ONE NUMBER:	E NUMBER: EMPLOYER IDENTIFICATION		TION NUMBER:
			(Note: <u>N(</u>	(Note: NOT Individual Social Security Number)	
Acts of 2004, signed	by the building	are in possession (1) t inspector and the hea of liquor liability ins	ad of the fire de	epartment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:			
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	038000026		CITY OR TOWN	ESSEX	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SC MARKET II	NC.			
DOING BUSINESS A	SCHOONER'S	S MARKET			
ADDRESS 121 EAST	TERN AVENUE				
CITY/TOWN: ESSE	X	STATE: MA	ZIP CODE:	01929	
MANAGER: LITO	N, ARIAN T	YPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREM	MISES:			
		OMER TRAFFIC AND TT AREA WITHIN BU		YEES.	
3. the premise	_	rith all laws of the Comfor business (If not expl	_	taxes; and	
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 038000027	CITY OR TOWN ESSEX			
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: BN FARM,LLC				
DOING BUSINESS	S A THE FARM				
ADDRESS 233 WE	ESTERN AVE				
CITY/TOWN: ESS	SEX	STATE: M	A ZIP CODE	E: 01929	
MANAGER: ATK	KINSON,BRAD TYPE	OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:			
KITCHEN,2 EXITS FUNCTION- IN AF	S,DINING ROOM,BAR REA	.,3500 SQ. FT. V	WAIT AREA,PAT	IO AND BACK	YARD
I hereby certify and	swear under penalties o	f perjury that:			
	wed license will be of th		=		
	see has complied with a			ing to taxes; and	
3. the prem	ises are now open for bu	ısiness (If not ex	xplain below)		
SIGNED BY	Individual, Partner o	r Authorized Co	rnorata Officar		
	marviduai, raitilei o	Audiorized Co	iporate Officer		
DATE:			EMDLO	OVED IDENTIFICAT	FION NUMBER.
DITTE.	TELEPHONE	NUMBER:	IMBER: EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security		
					•
Acts of 2004, signe	ed, attest that we are in ed by the building insp (2) the certificate of li	ector and the h	ead of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	laın)				
DATE:					



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LICENSE NUM	MBER: 038000028	CITY OR TOWN ESSEX			
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013	
		CLASS		YEAR	
LICENSEE NA	ME: RIVERSIDE I	BISTRO INC.			
DOING BUSIN	IESS A RIVERSIDE	BISTRO			
ADDRESS 112	MAIN STREET				
CITY/TOWN:	ESSEX	STATE: MA	ZIP CODE: 01929		
MANAGER:	ZHENG, XUN JIE	TYPE OF LICENSE: Res	staurant CATEGORY	: All Alcohol	
EMAIL ADDR	ESS:				
		OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
-	OF LICENSED PRI				
		The state of the s	. FT. RIVERFRONT SITE. SI TO ATTIC STORAGE AND S		
			ROOM, COMMERCIAL KITC		
		X 24 FT THREE SEASO		7	
I hereby certify	and swear under pena	alties of perjury that:			
1. the r	enewed license will b	be of the same type for the	same premises now licensed;		
2. the 1	icensee has complied	with all laws of the Comr	nonwealth relating to taxes; and	l	
3. the p	premises are now open	n for business (If not expla	ain below)		
SIGNED BY	T 11 1 1 D		· OST		
	Individual, Pa	rtner or Authorized Corpo	orate Officer		
DATE:	TEI EDI	HONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:	
	TELEFT	HONE NUMBER.	(Note: NOT Individual Social		
33 7 41 1				4 204 64	
			e certificate required by Chap I of the fire department for th		
named license			rance required by Chapter 1		
of 2010.					
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUTI	HORITY	
APPROVED:			By:		
DISAPPROVE					
(If disapproved explain)					
DATE:					
LATE					